

Attorney's Docket No.: _____

DECLARATION, POWER OF ATTORNEY AND PETITION

I (We), the undersigned inventor(s), hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I (We) believe that I am (we are) the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled

NOVEL ESTER COMPOUND AND USE THEREOF

the specification of which

☐ is attached hereto.

☐ was filed on _____ as

Application Serial No. _____

and amended on _____.

☒ was filed as PCT international application

Number PCT/JP2003/014303

on November 11, 2003

and was amended under PCT Article 19

on _____ (if applicable).

I (We) hereby state that I (We) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; that I (We) do not know and do not believe that this invention was ever known or used before my invention or discovery thereof, or patented or described in any printed publication in any country before my invention or discovery thereof, or more than one year prior to this application, or in public use or on sale in the United States for more than one year prior to this application; that this invention or discovery has not been patented or made the subject of an inventor's certificate in any country foreign to the United States on an application filed by me or my legal representatives or assigns more than twelve months before this application.

I (We) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

I (We) hereby claim foreign priority benefits under Section 119(a)-(d) of Title 35 United States Code, of

Application No.	Country	Filing date	Priority claimed
<u>2002-328482</u>	<u>Japan</u>	<u>November 12, 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Section 119(e) of Title 35 United States Code, of any United States application(s) listed below.

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

I (We) hereby claim the benefit under Section 120 of Title 35 United States Code, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Section 112 of Title 35 United States Code, I (We) acknowledge the duty to disclose material information as defined in Section 1.56(a) of Title 37 Code of Federal Regulations, which occurred between the filing date of the prior application and national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (pending, patented, abandoned)
_____	_____	_____
_____	_____	_____

And I (We) hereby appoint: Oblon, Spivak, McClelland, Maier & Neustadt, P.C., CUSTOMER
NUMBER 22850

I(We) hereby request that all correspondence regarding this application be sent to the firm of
Oblon, Spivak, McClelland, Maier & Neustadt, P.C. whose Post office address is: 1940 Duke
Street, Alexandria, VA 22314 U.S.A.

I (We) declare further that all statements made herein of my (our) knowledge are true and that all
statements were made with the knowledge that willful false statements and the like so made are punishable
by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such
willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Tomonori ARAI

NAME OF FIRST INVENTOR

Tomonori Arai

Signature of Inventor

May 2, 2005

Date

Residence: Iwate, Japan

JPX

Citizen of: Japan

Post Office Address: _____

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